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PATENT
TECHNOLOGY CENTER 2800

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark A. Johnson et al. :
Serial No.: 09/973,560 : Art Unit: 2882
Filed: October 9, 2001 : Examiner: Hobden, Pamela R.
For: VOICE ACTIVATED DIAGNOSTIC :
IMAGING CONTROL USER INTERFACE :

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER OF PATENTS AND TRADEMARKS**

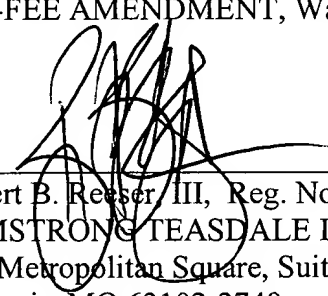
Express Mail mailing label number: **EV 160264016 US**

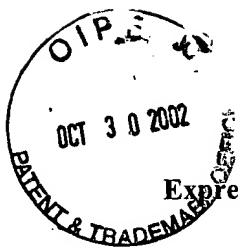
Date of Mailing: **October 30, 2002**

I certify that the documents listed below:

- Amendment Transmittal form (3 pgs.), in duplicate
- Response to Restriction Requirement in response to Office Action dated September 24, 2002 (2 pgs.)
- Return post card

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Commissioner for Patents, Box: NON-FEE AMENDMENT, Washington, D.C. 20231-0001.


Robert B. Reiser, III, Reg. No. 45,548
ARMSTRONG TEASDALE LLP
One Metropolitan Square, Suite 2600
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PATENT

NOV -4 2002
TECHNOLOGY CENTER 2800

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark A. Johnson et al.

:

: Art Unit: 2882

Serial No.: 09/973,560

:

: Examiner: Hobden, Pamela R.

Filed: October 9, 2001

:

:

For: VOICE ACTIVATED DIAGNOSTIC
IMAGING CONTROL USER INTERFACE

:

:

Box: NON-FEE AMENDMENT

Commissioner for Patents

Washington, D.C. 20231

TRANSMITTAL

1. Transmitted herewith is:

**Response to Restriction Requirement in response to Office Action dated
September 24, 2002 (2 pgs.); Certificate of Express Mail (1 pg.) ; Return Post
Card**

STATUS

2. Applicant

Claims small entity status.

☒

is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

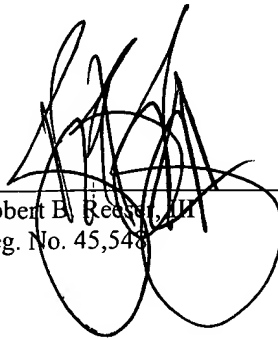
MAILING

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FACSIMILE

Transmitted by facsimile to the Patent and Trademark
Office

Date: October 30, 2002


Robert B. Reeser, Jr.
Reg. No. 45,548



EXTENSION OF TERM

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TECHNOLOGY CENTER 2800

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 110.00	\$ 55.00
_____ Second month	\$ 400.00	\$ 200.00
_____ Third month	\$ 920.00	\$ 460.00
_____ Fourth month	\$1,440.00	\$ 720.00
_____ fifth month	\$1,960.00	\$ 980.00

Fee: \$ 0.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid
therefor \$ _____ is deducted from the total fee due for the total months
of extension now requested.

Extension fee due with this request \$ 0.00

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this
conditional petition is being made to provide for the possibility that
applicant has inadvertently overlooked the need for a petition for extension
of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$9 = \$		x \$18 = \$
INDEP.		MINUS		=	x \$42 = \$		x \$84 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$130 = \$		+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for claims is required.

OR

- (b) _____ Total additional fee for claims required \$

FEE PAYMENT

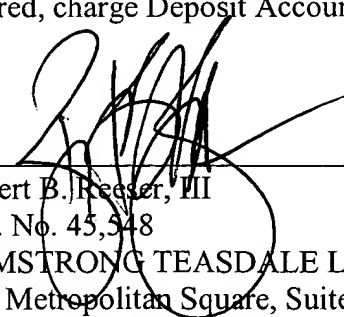
5. _____ Attached is a check in the sum of \$ _____
 _____ Charge Deposit Account No. 01-2384 the sum of \$ _____
 _____ A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. _____ Other:


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